

L16000192091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

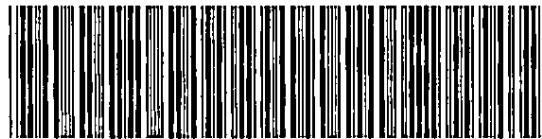
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Called 4/17/18  
Spoke w/ Jason  
Ward OK for  
me to add "LHC"  
to the name.  
np



600309186546

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03/15/18--01020--001 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION  
2018 APR 17 PM 4:38

N. CAUSSEAU

~~MAR 16 2018~~

April 17, 2018

~~MAR 16 2018~~

N. CAUSSEAU

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Who You Know Productions  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jason Ward  
Name of Person

Who You Know Productions  
Firm/Company

4411 Abaco Dr.  
Address

Tavares, FL 32718  
City/State and Zip Code

support@mikebusey.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Ward  
Name of Person

at ( 850 )  
Area Code

295-1409  
Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

*Already Paid Previously*

MAILING ADDRESS:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

STREET/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

*Vanetta*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 16, 2018

MICHAEL WARD  
WHO YOU KNOW PRODUCTIONS  
14200 CORKWOOD LANE  
ASTATULA, FL 34705

SUBJECT: WHO YOU KNOW PRODUCTIONS  
Ref. Number: L16000192091

We have received your document for WHO YOU KNOW PRODUCTIONS and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux  
Regulatory Specialist II Supervisor

Letter Number: 618A00005336

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Who You Know Productions LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10-18-16 and assigned  
Florida document number 416000192091.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

*City*

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Director	Matthew L. Wells	384 Old Peach Tree Rd. N.E.	<input checked="" type="checkbox"/> Add
		Lawrenceville, GA 30043	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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DIVISION OF RECORDS  
APR 17 4:08 PM '08

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Adding "LLC" suffix to  
name

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2018 APR 17 PM 4:38


E. Effective date, if other than the date of filing: 4-9-18 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 4-9 2018

  
Signature of a member or authorized representative of a member

Mike Ward  
Typed or printed name of signee